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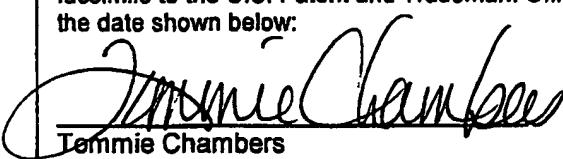
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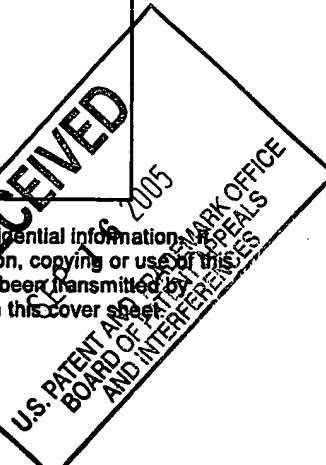
  
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<input type="checkbox"/> DIVISIONAL APP'N	<input checked="" type="checkbox"/> NOTICE OF CONFIRMATION
NAME OF INVENTOR(S): Barry	
RECEIPT DATE & SERIAL NO.: <b>Serial No.: 10/208,077</b>	
TITLE OF INVENTION: <b>DOUBLE WIPING CONTACT FOR TEST/BURN-IN SOCKETS</b>	
TITLE FILE NO.: <b>TI-34066</b>	DEPOSIT ACCT. NO.: <b>20-0668</b>
FAXED: 09/16/2005 DUE: 09/16/2005 ATTY/SEC'D: wds/lc	

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**TEXAS INSTRUMENTS  
INCORPORATED  
P.O. BOX 655474, M/S 3999  
DALLAS, TX 75265**

Appeal No: 2005-1869  
Appellant: Mark J. Chambers et al.  
Application No: 09/902,051  
Hearing Room: A  
Hearing Docket: B  
Hearing Date: Tuesday, October 18, 2005  
Hearing Time: 01:00 PM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

*CONFIRMATION of  
HEARING DATE*

*9/16/05*

*T 3053*

**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

**CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED.** This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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*CONFIRMATION COPY*

In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE:  HEARING ATTENDANCE CONFIRMED  HEARING ATTENDANCE WAIVED

*[Signature]*  
Signature of Attorney/Agent/Appellant

*9-16-2005*  
Date

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Names of other visitors expected to accompany counsel: \_\_\_\_\_  
For information on visitor access to hearing rooms and security procedures at the USPTO Alexandria Campus, see  
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